U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2560 6		2. Fiscal Year Covered From:		
		1 / 1 / 2005 Through: 12 / 31 / 2005		
Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name Henry	Huizenga	Name Chicago Regional Council of Carpenters		
		Labor Organization File Number 001-949		
P.O. Box, Bldg., Room No., if any	/ · ·	P.O. Box, Building and Room Number, if any		
Street 12 E. Erie Street		Street 12 E. Erie Street		
City Chicago		City Chicago		
State Illinois	ZIP Code + 4 60611	State Illinois ZIP Code + 4 60611		
5. Position in labor organization.	ntroller			
A. Held an interest in, engaged in	(except as specified in the excluteransactions (including loans) with, or	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions): derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (inc.)		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Lie. Box, Blag., Nooli No., II ally	min the war and a suite to the	7.b. Amount.		
Street				
City				
State	ZIP Code + 4			
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submitted in this report (including th	e undersigned declares, under penalty of e information contained in any accompany f, true correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
Signed Multiple On 5-11-06 312-787-3076 Date Telephone Number				
Form LM-30 (2003)	- / /	Page 1 of 10		

Name of Person Filing Henry Huizenga	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Legacy Professionals LLP	9. Business deals with: a. Labor Organization
P.O. Box, Bldg., Room No., if any Street 30 N. LaSalle St. Suite 4200	b. Trust c. Employer
City Chicago State Illinois ZIP Code + 4 60602	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Auditing Firm of the Regional Council and affiliated locals
Street City ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$975,515 12.a. Nature of interest held or income received. 01/13/05 Business Lunch
	12.b. Amount. \$20
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14,a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
State ZIP Code + 4 ZIP Code + 4 ZIP Code = 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Henry Huizenga	File Number U-

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8. Name and address of Business (include	ling trade name, if any).	9. Business deals with:	
Name Legacy Professionals L	LP	Na Labor Organization	
Trade Name, if any:		a. Labor Organization	
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P.O. Box, Bldg., Room No., if any		Lumand	
Street 30 N. LaSalle St. Suite	e 4200	c. Employer	
City Chicago			
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10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
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P.O. Box, Bldg., Room No., if any			
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		12.b. Amount.	\$7

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Name of Person Filing Henry Hui	izenga	File	e Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Legacy Professionals LLP	🔀 a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	'
Street 30 N. LaSalle St. Suite 4200	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Auditing Firm of the Regional Council affiliated locals	cil and
Trade Name, if any:		
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	12.a. Nature of interest held or income received.	
	02/02/05 Business Lunch	
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	12.b. Amount.	\$14

Name of Person Filing	Henry Huizenga	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Legacy Professionals LLP	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	L 10. 1103(
Street 30 N. LaSalle St. Suite 4200	c. Employer		
City Chicago			
State Illinois ZIP Code + 4 60602			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Name	Auditing Firm of the Regional Council affiliated locals	cil and	
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	12.b. Amount.	\$16	

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Name of Person Filing	Henry Hurzenga		The Maniber G	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Legacy Professionals LLP	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 30 N. LaSalle St. Suite 4200	c. Employer	
City Chicago		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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	12.b. Amount.	\$23

Name of Person Filing Henry Huizenga	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Legacy Professionals LLP	🔀 a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 30 N. LaSalle St. Suite 4200	c. Employer	
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City Chicago		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Name of Person Filing	Henry	Huizenga		File Number U-	
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Name and address of Business (including trade name, if any).	9. Business deals with:	-
Name Legacy Professionals LLP	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Street 30 N. LaSalle St. Suite 4200	c. Employer	
City Chicago		
State Indiana ZIP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Auditing Firm of the Regional Coun affiliated locals	cil and
Trade Name, if any:		
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Name of Person Filing Henry H	uizenga	File Number U-	
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	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	5. Business deals with.	
Name Legacy Professionals LLP		
	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 30 N. LaSalle St. Suite 4200	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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	12.b. Amount.	\$33

Name of Person Filing Henry Huizenga	File Number U-

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8. Name and address of Business (includ	ling trade name, if any).	9. Business deals with:	
Name Legacy Professionals LI	IP	a. Labor Organization	
Trade Name, if any:		a. Labor Grganization	
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P.O. Box, Bldg., Room No., if any			
Street 30 N. LaSalle St. Suite	e 4200	c. Employer	
City Chicago			
State Illinois	ZIP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
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P.O. Box, Bldg., Room No., if any			
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State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$975,515
		12.a. Nature of interest held or income received.	
		04/19/05 Business Lunch	,
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		12.b. Amount.	\$21

Name of Person Filing	Henry			File Numbe	er U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Legacy Professionals LLP	a. Labor Organization	
Trade Name, if any:	a case organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 30 N. LaSalle St. Suite 4200	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Name of Person Filing Henry	Huizenga		File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Legacy Professionals LLP				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 30 N. LaSalle St. Suite 4200	c. Employer			
City Chicago				
State Illinois ZIP Code + 4 60602				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
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Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Legacy Professionals LLP	a. Labor Organization				
Trade Name, if any:	Cime 2				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street 30 N. LaSalle St. Suite 4200	c. Employer				
City Chicago					
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Name of Person Filing Henry	Huizenga	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Legacy Professionals LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 N. LaSalle St. Suite 4200 City Chicago State Illinois ZIP Code + 4 60602	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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	12.b. Amount.	\$26

		
Name of Person Filing Henry	Huizenga	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including	trade name, if any).	9. Business deals with:	
Name Legacy Professionals LLP		a. Labor Organization	
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P.O. Box, Bldg., Room No., if any		b. Trust	
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City Chicago			
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Form LM-30 (2003)

Name of Person Filing Henry Huizenga	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Legacy Professionals LLP	a. Labor Organization	
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P.O. Box, Bldg., Room No., if any	b. Trust	
Street 30 N. LaSalle St. Suite 4200	c. Employer	
City Chicago		
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	12.b. Amount.	\$23

Name of Person Filing Henry	Huizenga	File Number U-
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8. Name and address of Business (including trade name, if any).	Business deals with:	
Name Legacy Professionals LLP	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
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Street 30 N. LaSalle St. Suite 4200		
City Chicago		
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	12.b. Amount.	\$17

Name of Person Filing Henry	Huizenga	!	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:	
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Name of Person Filing Henry Huizenga File N	e Number U-

8. Name and address of Business (including trade name, if any).	Business deals with:	
Name Legacy Professionals LLP		
Trade Name, if any:	a. Labor Organization	
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	12.b. Amount.	\$15
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DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. Accurate records of reportable occurrences were not kept from January 1, 2005 to August 15, 2005, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended LM-30/Report.

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